

Substitute for form 1449/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet

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of

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Application Number

09/733,215

Filing Date

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First Named Inventor

Badri N. Prasad

Art Unit

3626

Examiner Name

N. Pass

Attorney Docket Number

6944

U.S. PATENT DOCUMENTS

*Examiner Initials	Cite No.	DOCUMENT NUMBER Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
NP		US 6,581,204	06-17-2003	Brian C. DeBusk et al.	
NP		US 6,629,095	09-30-2003	William M. Wagstaff et al.	
NP		US 6,802,810	10-12-2004	Anthony Clarniello et al.	

FOREIGN PATENT DOCUMENTS

*Examiner Initials	Cite No.	FOREIGN PATENT DOCUMENT		Number - Kind Code (if known)	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	TRANSLATION	
		Country Code:					YES	NO
NP		WIPO	WO 99/44167	09-1999	Kapp		<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS - NON-PATENT LITERATURE DOCUMENTS

*Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	TRANSLATION	
			YES	NO
NP		Imagine If You Could Obtain Accurate Clinical Data From The Point Of Care. MD Trends Web Site. December 4, 2000. [Retrieved on November 3, 2002]. Retrieved from the internet: < URL: http://web.archive.org/web/20001204191600/www.mdtrrends.com/ >	<input type="checkbox"/>	<input type="checkbox"/>
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EXAMINER SIGNATURE / Natalie A. Pass /

DATE CONSIDERED

11/28/2006

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